FORM D

PROCESSED

DEC 28 2007

THOMSON
FINANCIAL

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| 142196        | ,5                                      |  |  |  |  |  |
|---------------|---|--|--|--|--|--|
| OMB APPI      | ROVAL                                   |  |  |  |  |  |
|               | • |  |  |  |  |  |
| SEC USE       | ONLY                                    |  |  |  |  |  |
| Prefix Serial |   |  |  |  |  |  |
| DATE RECEIVED |   |  |  |  |  |  |
|               |   |  |  |  |  |  |

| Name of Offering ( check if this is an amendment and name has changed, and indicate change.)   |  |
|--|--|
| Sale of Series A1 Preferred Stock (and the common stock issuable upon conversion thereof)  |  |
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506  | Section 4(6) ULOE                      |
| Type of Filing: ☐ New Filing ☐ Amendment   | RECEIVED                               |
| A. BASIC IDENTIFICATION DATA   |  |
| 1. Enter the information requested about the issuer.   | C DEC 1 9 2007                         |
| Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)   | 4                                      |
| LongTail Ad Solutions, Inc.  |  |
| Address of Executive Offices (Number and Street, City, State, Zip Code)  | Telephone Number (Including Area Code  |
| 242 West 36th Street, 3rd Floor, New York, NY 10018  | (212) 529-2375                         |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code)  | Telephone Number (Including Area Code) |
| (if different from Executive Offices)  |  |
|  |  |
| same as above  | same as above                          |
| Same as above  Brief Description of Business   | same as above                          |
|  | same as above                          |
| Brief Description of Business  | same as above                          |
| Brief Description of Business  Online Advertising Services  Type of Business Organization  | (please specific):                     |
| Brief Description of Business  Online Advertising Services  Type of Business Organization  |  |
| Brief Description of Business  Online Advertising Services  Type of Business Organization  □ corporation □ limited partnership, already formed □ other               | (please specific):                     |
| Brief Description of Business  Online Advertising Services  Type of Business Organization    Corporation   | (please specify): 07087034             |
| Brief Description of Business  Online Advertising Services  Type of Business Organization  Corporation Dusiness trust Dimited partnership, already formed Month Year | (please specify): 07087034             |

### **GENERAL INSTRUCTIONS**

# Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File. U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02)

## A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

| Check Box(es) that Apply:                                | Promoter            | ☑ Beneficial Owner                      | Executive Officer | □ Director   | General and/or Managing Partner    |  |  |  |  |
|--|---------------------|---|-------------------|--------------|------------------------------------|--|--|--|--|
| Full Name (Last name first, if individual) Otten, Dave   |                     |   |                   |              |                                    |  |  |  |  |
| Business or Residence Addr                               | ess (Number and Str | reet City State Zin Code)               |                   |              |                                    |  |  |  |  |
| c/o LongTail Ad Solutions,                               | •                   | * · · · · · · · · · · · · · · · · · · · | ork, NY 10018     |              |                                    |  |  |  |  |
| Check Box(es) that Apply:                                | Promoter            | Beneficial Owner                        | Executive Officer | ☑ Director   | General and/or Managing Partner    |  |  |  |  |
| Full Name (Last name first, Rifkin, Brian                | if individual)      |   |                   |              |                                    |  |  |  |  |
| Business or Residence Addr                               | ess (Number and Str | reet, City, State, Zip Code)            |                   |              |                                    |  |  |  |  |
| c/o LongTail Ad Solutions,                               | •                   | Street, 3rd Floor, New Yo               |                   |              |                                    |  |  |  |  |
| Check Box(es) that Apply:                                | Promoter            | Beneficial Owner                        | Executive Officer | □ Director   | General and/or Managing Partner    |  |  |  |  |
| Full Name (Last name first,                              | if individual)      |   |                   |              |                                    |  |  |  |  |
| Fawer, Adam  |                     |   |                   |              |                                    |  |  |  |  |
| Business or Residence Addr<br>c/o LongTail Ad Solutions, |                     |   | ork NV 10018      |              |                                    |  |  |  |  |
|  |                     |   |                   | <b>5</b> 7 n | <u> </u>                           |  |  |  |  |
| Check Box(es) that Apply:                                | Promoter            | Beneficial Owner                        | Executive Officer | ☑ Director   | ☐ General and/or  Managing Partner |  |  |  |  |
| Full Name (Last name first,                              | if individual)      |   |                   |              |                                    |  |  |  |  |
| Day, William   |                     |   |                   |              |                                    |  |  |  |  |
| Business or Residence Addr                               | ess (Number and Str | reet, City, State, Zip Code)            |                   |              |                                    |  |  |  |  |
| 20 River Terrace, Apt 25C                                | , New York, NY 10   | 282                                     |                   |              |                                    |  |  |  |  |
| Check Box(es) that Apply:                                | Promoter            | Beneficial Owner                        | Executive Officer | Director     | General and/or Managing Partner    |  |  |  |  |
| Full Name (Last name first, Stevens, Tim                 | if individual)      |   |                   |              |                                    |  |  |  |  |
| Business or Residence Addr                               | ess (Number and Str | reet, City, State, Zip Code)            |                   |              |                                    |  |  |  |  |
| 10460 Serra Street, Cuper                                | -                   | , |                   |              |                                    |  |  |  |  |
| Check Box(es) that Apply:                                | Promoter            | Beneficial Owner                        | Executive Officer | Director     | General and/or Managing Partner    |  |  |  |  |
| Full Name (Last name first, Kurnit, Scott                | if individual)      |   |                   |              |                                    |  |  |  |  |
| Business or Residence Addr                               | ess (Number and Str | eet City State Zin Code)                |                   |              | <del>-</del>                       |  |  |  |  |
| 151 East 58th Street, Apt 4                              | •                   |   |                   |              |                                    |  |  |  |  |
| Check Box(es) that Apply:                                | Promoter            | ⊠ Beneficial Owner                      | Executive Officer | Director     | General and/or Managing Partner    |  |  |  |  |
| Full Name (Last name first, JW Holding B.V.              | if individual)      |   |                   |              |                                    |  |  |  |  |
| Business or Residence Addr                               | ess (Number and Str | reet City State Zin Code)               |                   |              |                                    |  |  |  |  |
| Lichtstraat 43, Eindhoven                                | •                   |   |                   |              |                                    |  |  |  |  |
| Check Box(es) that Apply:                                | Promoter            | Beneficial Owner                        | Executive Officer | Director     | General and/or                     |  |  |  |  |
| Full Name (Last name first,                              | if individual)      |   |                   |              | Managing Partner                   |  |  |  |  |
| Schwartz, Jeff   | 0                   | . 0                                     | <del> </del>      |              |                                    |  |  |  |  |
| Business or Residence Addr                               | ·                   | eet, City, State, Zip Code)             |                   |              |                                    |  |  |  |  |
| 6 Glen Eagles Court, New                                 | City, NY 10956      |   |                   |              |                                    |  |  |  |  |
|  |                     |   |                   |              |                                    |  |  |  |  |

|  | A. BASIC IDENT     | IFICATION DATA    |          |                                   |  |  |  |  |
|--|--------------------|-------------------|----------|-----------------------------------|--|--|--|--|
| <ul> <li>Enter the information requested for the following:</li> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul> |                    |                   |          |                                   |  |  |  |  |
| Check Box(es) that Apply: Promoter   | ⊠ Beneficial Owner | Executive Officer | Director | ☐ General and/or Managing Partner |  |  |  |  |
| Full Name (Last name first, if individual) Wertheim, Rob   |                    |                   |          |                                   |  |  |  |  |

Business or Residence Address (Number and Street, City, State, Zip Code)

Van Assendelptstraat 16, 2342A5 Oegstgeest, The Netherlands

|                              |   |  |  | В. [                                       | NFORMA                                  | TION ABO                                    | UT OFFE                                    | RING                                      |  |                        |             |        |
|------------------------------|---|--|--|--|---|---|--|---|--|------------------------|-------------|--------|
| 1. Has the                   | issuer solo                                 | l, or does the   | e issuer inte                              |  |   |   | stors in this<br>Column 2, i               | _   |  |                        | Yes         | No     |
| 2. What is                   | the minim                                   | um investm   | ent that wil                               | l be accept                                | ed from any                             | y individual                                | !?   |   |  |                        | \$          | n/a    |
|                              |   |  |  |  | 1.0                                     |   |  |   |  |                        | Yes         | No     |
|                              | _   | permit joint   | -  | _  |   |   |  |   |  |                        | $\boxtimes$ |        |
| commis<br>offering<br>with a | ssion or si<br>g. If a pers<br>state or sta | tion request<br>milar remun<br>on to be list<br>tes, list the p<br>broker or des | neration for<br>ed is an ass<br>name of th | r solicitati<br>sociated pe<br>e broker or | on of purc<br>rson or age<br>dealer. If | hasers in on<br>nt of a broken<br>more than | connection<br>ter or dealer<br>five (5) pe | with sales<br>r registered<br>rsons to be | of securiti<br>with the Sl<br>listed are a | es in the<br>EC and/or |             |        |
| full Name (                  | Last name                                   | first, if indiv  | ridual)                                    |  |   |   |  |   |  |                        |             |        |
| Business or                  | Residence                                   | Address (Nu  | imber and S                                | Street, City                               | , State, Zip                            | Code)                                       |  |   |  |                        |             |        |
| Name of As                   | sociated Br                                 | oker or Dea  | ler  |  |   |   |  |   |  |                        |             |        |
|                              |   | Listed Has<br>check indivi   |  |  | Solicit Pur<br>All Stat                 |   |  |   |  |                        |             |        |
| [AL]                         | [AK]  | [AZ]   | (AR)                                       | s).<br>[CA]                                | (CO)                                    | [CT]  | [DE]                                       | [DC]                                      | [FL]                                       | [GA]                   | [HI]        | [ID]   |
| [IL]                         | [IN]  | [IA]   | [KS]                                       | [KY]                                       | [LA]                                    | [ME]  | [MD]                                       | [MA]                                      | [MI]                                       | [MN]                   | [MS]        | [MO]   |
| [MT]                         | [NE]  | [NV]   | [NH]                                       | [NJ]                                       | [NM]                                    | [NY]  | [NC]                                       | [ND]                                      | [OH]                                       | [OK]                   | [OR]        | [PA]   |
| [RI]                         | [SC]  | [SD]   | [TN]                                       | [TX]                                       | [UT]                                    | [VT]  | [VA]                                       | [WA]                                      | [WV]                                       | [WI]                   | [WY]        | [PR]   |
| Full Name (                  | Last name                                   | first, if indiv  | ridual)                                    |  |   |   |  |   |  |                        |             |        |
| Business or                  | Residence                                   | Address (Nu  | ımber and S                                | Street, City                               | , State, Zip                            | Code)                                       |  | -   |  |                        |             |        |
| Name of As                   | sociated Br                                 | oker or Dea  | ler  |  |   |   |  |   |  |                        |             |        |
|                              |   | Listed Has   |  |  |   |   |  |   |  |                        |             |        |
| Check "All<br>[AL]           | [AK]  | check indivi<br>[AZ]   | duais State<br>[AR]                        | s)<br>[CA]                                 | All Stat<br>[CO]                        | es<br>[CT]                                  | (DE)                                       | [DC]                                      | [FL]                                       | [GA]                   | [HI]        | [ID]   |
| [IL]                         | [IN]  | [IA]   | [KS]                                       | [KY]                                       | [LA]                                    | [ME]  | [MD]                                       | [MA]                                      | [MI]                                       | [MN]                   | [MS]        | [MO]   |
| [MT]                         | [NE]  | [NV]   | [NH]                                       | [NJ]                                       | [NM]                                    | [NY]  | [NC]                                       | [ND]                                      | [OH]                                       | [OK]                   | [OR]        | [PA]   |
| [RI]                         | [SC]  | [SD]   | [TN]                                       | [TX]                                       | [UT]                                    | [VT]  | [VA]                                       | [WA]                                      | [WV]                                       | [WI]                   | [WY]        | [PR]   |
| ull Name (                   | Last name                                   | first, if indiv  | ridual)                                    |  |   |   |  |   |  |                        |             |        |
| Business or                  | Residence                                   | Address (Nu  | ımber and S                                | Street, City                               | , State, Zip                            | Code)                                       |  |   |  |                        |             |        |
| Name of Ass                  | sociated Br                                 | oker or Deal   | ler  |  |   |   |  |   |  |                        |             |        |
|                              |   | Listed Has   |  |  |   |   |  |   |  |                        |             |        |
| Check "All<br>[AL]           | States" or [AK]                             | check indivi<br>[AZ]   | duals State<br>[AR]                        | s)<br>[CA]                                 | All Stat<br>[CO]                        | es<br>[CT]                                  | [DE]                                       | [DC]                                      | [FL]                                       | [GA]                   | [HI]        | [ID]   |
| [IL]                         | [IN]  | [IA]   | [KS]                                       | [KY]                                       | [LA]                                    | [ME]  | [MD]                                       | [MA]                                      | [MI]                                       | [MN]                   | [MS]        | [MO]   |
| [MT]                         | [NE]  | [NV]   | [NH]                                       | [NJ]                                       | [NM]                                    | [NY]  | [NC]                                       | [ND]                                      | [OH]                                       | [OK]                   | [OR]        | [PA]   |
| [RI]                         | [SC]  | [SD]   | (TN]                                       | [TX]                                       | [UT]                                    | [VT]  | [VA]                                       | [WA]                                      | [WV]                                       | [WI]                   | [WY]        | [PR]   |
| []                           | رے  | []   | r - 1 - 1                                  | [ ]  | [~.]                                    | [. 4]                                       | [.,,]                                      | []  | [.,,]                                      | [ 1]                   | [., 1]      | [, ,,] |

|    | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF  | 1 1 | OCEEDS                      |                |                             |
|----|--|-----|-----------------------------|----------------|-----------------------------|
| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square\$\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.                                       |     |                             |                |                             |
|    | Type of Security   |     | Aggregate<br>Offering Price | Ar             | nount Already<br>Sold       |
|    | Debt   | \$  | 0.00                        | \$             | 0.00                        |
|    | Equity   | \$  | 910,002.00                  | \$             | 910,002.00                  |
|    | ☐ Common ☒ Preferred   | •   |                             | -              |                             |
|    | Convertible Securities (including warrants)  | \$  | 0.00                        | \$_            | 0.00                        |
|    | Partnership Interests  | \$  | 0.00                        | \$             | 0.00                        |
|    | Other (Specify)  | \$  | 0.00                        | \$             | 0.00                        |
|    | Total  |     | 910,002.00                  | _              |                             |
|    | Answer also in Appendix, Column 3, if filing under ULOE.   | •   | 310,002,00                  | * -            | >10,002.00                  |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."         | ;   |                             |                | Aggregate                   |
|    |  |     | Number<br>Investors         |                | ollar Amount<br>of Purchase |
|    | Accredited Investors   | _   | 22                          | \$             | 910,002.00                  |
|    | Non-accredited Investors   | _   | 0                           | \$_            | 0.00                        |
|    | Total (for filings under Rule 504 only)  |     | 0                           | \$             | 0.00                        |
|    | Answer also in Appendix, Column 4, if filing under ULOE.   |     |                             |                |                             |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sol by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.  |     | Type of                     | D              | ollar Amount                |
|    | Type of Offering   |     | Security                    | _              | Sold                        |
|    | Rule 505   |     | n/a                         | \$             | 0.00                        |
|    | Regulation A   |     | n/a                         | \$             | 0.00                        |
|    | Rule 504   |     | n/a                         | \$             | 0.00                        |
|    | Total  |     |                             | \$_            | 0.00                        |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities i this offering. Exclude amounts relating solely to organization expenses of the insurer. The information mabe given as subject to future contingencies. If the amount of an expenditure is not known, furnish a estimate and check the box to the left of the estimate. | y   |                             |                |                             |
|    | Transfer Agent's Fees  |     |                             | \$             |                             |
|    | Printing and Engraving Costs   |     |                             | \$             |                             |
|    | Legal Fees   |     |                             | \$             | 50,000.00                   |
|    | Accounting Fees  |     |                             | \$             |                             |
|    | Engineering Fees   |     |                             | \$             |                             |
|    | Sales Commissions (specify finders' fees separately)   |     |                             | \$             |                             |
|    | Other Expenses (identify)  |     |                             | \$             |                             |
|    | Total  |     | Ø                           | s <sup>-</sup> | 50.000.00                   |

|          | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P   | 'R( | DCEEDS                                  |             |                      |
|----------|---|-----|---|-------------|----------------------|
| total    | Enter the difference between the aggregate offering price given in response to Part C — Question 1 and all expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross ceeds to the issuer."  |     |   | \$          | 860,002.00           |
| of the   | icate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the ter set forth in response to Part C — Question 4.b above. |     | Payments to                             |             |                      |
|          |   |     | Officers,<br>Directors, &<br>Affiliates | P           | ayments to<br>Others |
| Sala     | aries and fees  |     | \$0.00                                  | □ \$        | 0.00                 |
| Puro     | chase of real estate  |     | \$0.00                                  | □ \$        | 0.00                 |
| Purc     | chase, rental or leasing and installation of machinery and equipment  |     | \$0.00                                  | □ \$        | 0.00                 |
| Con      | nstruction or leasing of plant buildings and facilities   |     | \$0.00                                  | □ \$        | 0.00                 |
|          | quisition of other businesses (including the value of securities involved in this offering that may used in exchange for the assets or securities of another issuer pursuant to a merger)   |     | \$0.00                                  | □ \$        | 0.00                 |
| Rep      | payment of indebtedness   |     | \$0.00                                  | □ \$        | 0.00                 |
| Wor      | rking capital[  |     | \$                                      | <b>⊠</b> \$ | 860,002.00           |
| Oth      | ler (specify):  |     | \$                                      | □ \$        | 0.00                 |
| Column 1 | _   |     | \$ 0.00                                 | ⊠ \$        | 860,002.00           |

Total Payments Listed (column totals added).....

**⊠** \$\_

860,002.00

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

| Issuer (Print or Type)         | Signature                       | Date     |
|--------------------------------|---------------------------------|----------|
| LongTail Ad Solutions, Inc.    | Durt                            | 12-13-07 |
| Name of Signer (Print or Type) | Title of Signer (Print or Type) | -        |
| Dave Otten                     | President                       |          |

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18. U.S.C. 1001.)

END